

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/126505

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5			<del>1</del>				55						
6							56						
7							57						
8			1				58						
9			1				59						
10			1				60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16			1				66						
17							67						
18				1			68						
19				1			69						
20				1			70						
21							71						
22							72						
23			1				73						
24			1				74						
25			1				75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33							83						
34			1				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.			18				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						